

### Words to the Wise Regarding Clinical Records

by Barbara A. Van Horne, Ph.D. & John Schweitzer, J.D.

There are a variety of perspectives on what constitutes good recordkeeping. Psychologists have a responsibility to protect the consumer, and they must also reasonably address their own professional purposes. Quality records assist with one's professional activities and also reduce potential insurance/legal liability. Poor record-keeping can be cause for licensing discipline.

The following are six reasons to keep good records, adapted from a presentation by Randy Reaves, legal counsel to the Association of State and Provincial Psychology Boards(ASPPB):

1. Good records assist current and future providers to track progress in treatment.
2. Good records are helpful to other health care providers providing concurrent services.
3. Good records provide documentation of the continuity of care.
4. Good records provide a reminder to the provider of important events and issues.

5. Good records are helpful in dealing with audits and/or investigations
6. Good records can be helpful in legal disputes with a client.

Additional considerations, also from Randy Reaves, are:

1. Be careful regarding storage and disposition of records, and be practical when it comes to releasing records to a patient.
2. Poor recordkeeping by itself is unlikely to create significant civil liability, but if you are sued on another theory, poor record-keeping creates a bad image.
3. Practitioners should know the generally accepted rules on what a patient's record should contain and try to follow them, and they should be doubly careful when working in a treatment facility subject to local/state/federal statutes and/or regulations.

To illustrate the last point, section HFS 61.97 of the Wisconsin Administrative Code requires that the following records be made and kept by certified outpatient psychotherapy clinics:

1. An initial assessment must be performed by staff to establish a diagnosis on which a preliminary treatment plan is based which shall include but is not limited to:

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- (a) The patient's presenting problems with the onset and course of symptoms, past treatment response, and current manifestation of the presenting problems; and
  - (b) Preliminary diagnosis.
2. A treatment plan shall be developed with the patient upon completion of the diagnosis and evaluation.
  3. Progress notes shall be written in the patient's clinical record.
    - (a) The notes shall contain status and activity information about the patient that relates to the treatment plan, and
    - (b) Progress notes are to be completed and signed by the therapist performing the therapy session.
  4. A discharge summary containing a synopsis of treatment given, progress and reasons for discharge shall be written in the patient's clinical record when services are terminated.

#### Items to Potentially be Included in Records.

A psychologist rendering professional services to an individual client (or a dependent), or providing services that will be billed to a third party payor, should consider including the following in all professional records:

- 1) the name of the client and other identifying information,
- 2) the presenting problem(s) or purpose or diagnosis,
- 3) \*medical/psychological/substance use and treatment history,
- 4) \*treatment plan,
- 5) the name of the client's personal physician, if known,
- 6) name and number of an emergency contact,
- 7) the fee arrangement,
- 8) \*the date and substance of each billed or service-count contact or service,
- 9) any test results or other evaluation results obtained and any basic test data from which they were derived,
- 10) notation and results of formal consults with other providers, including dates and reasons for consultation,
- 11) a copy of all test or other evaluative reports prepared as part of the professional

relationship,

- 12) documentation of consent forms and any releases executed by the client,
- 13) \*discharge summary and referral information.

*\* Required by DHFS as noted above.*

#### Confidentiality.

The psychologist shall store and dispose of written, electronic and other records in such a manner as to insure their confidentiality.

#### **Continuing Education for Psychologists**

All licensed psychologists are required, as a condition of their biennial license renewal, to complete at least 40 hours of board-approved continuing education. The only exception is that these credits are not required during the remainder of the biennium in which the psychologist is first licensed. This requirement is contained in section Psy 4.02 of the Administrative Rules, which is printed in the "Psychology Codebook" (available from the department) and can also be found on the department's web page at <http://www.legis.state.wi.us/rsb/code/psy/psy004.pdf>.

#### **CPE FAQ**

- **How many credits are required for Ethics/Jurisprudence?** As of October 1, 2001, only **6 credits of Ethics/Jurisprudence** will be required in fulfilling the Continuing Education requirement for renewal. (This change is in response to the fact that this requirement has been in place for years. It continues to be central to consumer protection, and in light of the revision of the APA Ethical Code, licensees will have new material to learn.)
- **If a program is titled, Ethics, will it automatically count?** Not necessarily. Make certain that both the program content and title are specific to ethics, risk management, and jurisprudence education. The key element is that the program contents must improve your practice of psychology in the public interest. This requirement is centered on consumer protection. Also, the fact that a program has been approved for CE credit does NOT mean that it is automatically approved for the **ethics** component of your requirement.
- **Does teaching count as CE?** Approval is dependent on having taught the material for the first time. If teaching as a presenter of a

course sponsored or cosponsored approved by the APA, you can be granted the same credit as an attendee. (You should receive the same documentation of attendance as other participants.) If teaching a regionally accredited university or college course, you must document the course registration and the syllabus. It is our understanding that teaching a continuing education course is not considered by the AMA as constituting Category 1 continuing medication education.

- **Are Self-Developed programs an option?** Self-developed programs will **no longer** be an option for fulfillment of the CE requirement. The rule was repealed as of July 1, 2001, so self-developed programs will not be approved at all this new biennium.
- **What is considered acceptable content for CPE?** Continuing professional education is designed to update professional skills and develop new areas of expertise. All CE is expected to be at the level of post-licensure professional training.
- **Can I still get continuing education credit for uncompensated hours of professional assistance to DHFS?** Yes. See section Psy 4.02(5) of the Code for details.

### **Department Approves Drug Testing Programs**

The Department of Regulation and Licensing now has the authority to approve programs authorized to manage the drug testing for licensees required to submit to drug tests. The boards or the Department may order a credential holder to submit to random drug testing following an investigation involving the abuse of alcohol or other drugs. The Department also administers the Impaired Professionals Procedure (IPP), a non-disciplinary monitoring program available to credential holders who self-report alcohol or drug abuse before serious harm has occurred. If you are currently required to submit to drug testing and want more information about enrolling in an approved program, contact the Impaired Professionals Procedure Coordinator at (608) 267-9883.

### **Impaired Professionals Procedure**

Chemical dependency is rampant in the United States. Research shows at least 1 in 10 persons in this country are abusing alcohol, illicit street drugs and/or controlled substances. Professionals are not immune from this deadly illness. The

Department of Regulation and Licensing has a program available to deal with the ever-increasing problem. The Impaired Professionals Procedure (IPP) is a non-disciplinary monitoring program available as an alternative to the disciplinary process if a drug and/or alcohol problem is identified and dealt with before serious harm has occurred. The goal of the procedure is to protect the public by offering credential holders an opportunity for rehabilitation and safe return to professional practice. Self-reporting to the IPP provides professionals with assistance in obtaining treatment for chemical dependency without disciplinary action being taken against the license. Participation encourages ongoing commitment to treatment and recovery.

The Impaired Professionals Procedure is available to the department for those professions it directly credentials, as well as to all boards attached to the department. Once a professional is determined to be eligible, the credential holder must agree to an assessment for chemical dependency conducted by a qualified treatment provider within their community. The results of the assessment are considered when establishing requirements for participation. The requirements for monitoring include: an agreement to participate for a specified period of time (2-5 years depending on the profession); an agreement to actively participate in treatment for chemical dependency with an approved treatment facility or therapist; an agreement to abstain from alcohol and other drugs not prescribed for a valid medical purpose; an agreement to attend Alcoholics or Narcotics Anonymous; and an agreement to submit to random, monitored urine/blood screens for chemical substances. In most cases, work supervision is also required. Other restrictions may be included if deemed necessary to protect the public.

The credential holder's progress is monitored through quarterly reports from the participant and from the treatment provider and work supervisor. In cases of serious or continuing violations, a referral to the Division of Enforcement and the regulatory authority may be required which could lead to limitation, suspension or revocation of the professional license.

Participation in IPP and compliance with requirements allows the credential holder to retain his/her professional credential. The fact that a

credential holder is participating in IPP is not routinely available as public information.

Participation in IPP is voluntary for those credential holders who are deemed eligible. The alternative to participation in IPP may be referral to the Division of Enforcement for possible disciplinary action.

For information about the Impaired Professionals Procedure, call (608) 267-9883.

### **Potential CE Problems including potential Board and Enforcement Actions (1999-2001 biennium)**

<b>Failed to sign the renewal form</b>	
Not practice and completed CE within 30 days of requirement	Not Open Case
Completed CE within 30 days of requirement (e.g., November 1, 2001)	No Violation
Didn't complete within 30 days of requirement and continued to practice	Administrative Warning
<b>Signed Renewal Form Without CE Completed</b>	
Completed within 30 days and didn't practice	No Violation
Completed within 30 days and did practice	Administrative Warning
Did not complete within 30 days and continued to practice	Administrative Warning
Did not complete within ____ days and continued to practice	Reprimand
<b>Special Circumstances</b>	
Circumstances beyond control (e.g., program cancelled due to Terrorism) and program rescheduled and/or arranged other CE to complete but did not complete within 30 days and continued to practice  Document hardship  In these circumstances, substantial CE was completed in a reasonable time frame	No Action
Repeat Offenders (Administrative Warning Last Biennium) Fine dependent on enforcement time involved to resolve	Reprimand with or without fine

### **Ethics Requirement – REMINDER**

**The ethics requirement for the current biennium October 1, 2001-September 30, 2003 has been changed to 6 Continuing Education hours.**

### **If Moving IS In Your Future**

The Association of State and Provincial Psychology Boards (ASPPB) provides the Certificate of Professional Qualification in Psychology (CPQ) to facilitate mobility for licensed psychologists in the US & Canada.

**Time is running out ...** For psychologists listed in the National or Canadian Register of Health Service Providers in Psychology, applying for the CPQ under the “grandparenting” provision is fast approaching the deadline of **December 31, 2001.**

YOU may qualify for the ASPPB CPQ during the final “grandparenting” period even if you did not take the EPPP.

IF YOU have ...

- ◆ Current psychology license based on a doctoral degree
- ◆ Doctorate in psychology from regionally accredited institution
- ◆ Practiced for 5 years at independent level
- ◆ NO history of disciplinary actions

**Contact:** [www.asppb.org](http://www.asppb.org) or **1.800.448.4069**

### **ALERT: Supervisors of Candidates for Licensure**

Quarterly written evaluations are required for both pre and post doctoral supervised experience. Supervisors must have been licensed at least 3 years.

### **Disciplines**

GERALD J WELLENS PHD

GREEN BAY WI

REPRIMAND

Had multiple relationships with a client (1) a psychologist for a patient; (2) an expert witness performing custody evaluation for the client's family; and (3) as a legal client of the client. Failed to avoid these dual relationships which could have impaired his objectivity or created a conflict of interest. Within 120 days of this order complete a full day course of continuing education on the subject of psychologist/client boundaries. Effective 10/18/2001. Wis. Admin. Code s. Psy 5.01(17) Case #LS0110182PSY

GERALD J DELOYE PHD

EAU CLAIRE WI

REPRIMAND

Provided therapists under his supervision with pre-signed clinical forms which represented that he had performed tasks required of him, which in fact he had not done. Complete an ethics course totaling a minimum of 16 contact hours within 120 days. Effective 10/18/2001. Wis. Admin. Code s. Psy 5.01(5),(7) Case #LS0110183PSY

## Telephone Directory

**Automated Phone System for Chiropractic, Acupuncture, Massage Therapists/ Bodyworkers, Music Art & Dance Therapists, Marriage & Family Therapists, Nursing, Optometry, Professional Counselors, Psychology, & Social Workers: (608) 266-0145.**

- Press 1 To Request an Application
- Press 2 Status of a Pending Application
- Press 3 Verification of Credential Holder
- Press 4 Name and Address Changes
- To Request the Wisconsin Statutes and Administrative Codebook
- Complaint Against a Credential Holder
- Renewal of a Credential
- Legal Questions
- Press 5 to repeat this menu or if you are calling from a rotary telephone, stay on the line and your call will be answered in the order received.
- FAX: (608) 261-7083

## Wisconsin Statutes and Code

Copies of the Psychology Examining Board Statutes and Administrative Code can be ordered from the Department. Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of \$5.28. The latest edition is dated June, 2001.

## Quick Keys

The following are voice mail “**short cuts.**”

To request a license application for your profession, just dial (608) 266-0145, then enter the Quick Key numbers below for the profession you want:

- 1-4-1 Doctoral in Psychology
- 1-4-2 Cont. Ed. Information/Application
- 1-4-3 Private Practice School Psychologist

## Verifications

All requests for verification of license status must be in writing. There is no charge for this service.

For our new “online Verification of Credential Holders” visit our Website at [www.drl.state.wi.us](http://www.drl.state.wi.us) and click on the “Credential Holder Query” button.

## Endorsements

Requests for endorsements to other states must be in writing. The cost is \$10. Please make check or money order payable to the Department of Regulation and Licensing.

## 2002 Meeting Dates:

January 23, February 27, March 27, April 17, May 22, June 26, July 31, September 11, October 9, November 13, December 6.

## Visit the Department’s Web Site

<http://www.drl.state.wi.us>

Send comments to [web@drl.state.wi.us](mailto:web@drl.state.wi.us)

## Digests May be Found on Web Site

G:\DIGEST\psy0102.doc

Department of Regulation and Licensing  
Psychology Examining Board  
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Madison, WI 53708-8935

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